

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH PROGRAM SUPPORT BUREAU WORKFORCE EDUCATION AND TRAINING DIVISION

LICENSURE PREPARATION PROGRAM MARRIAGE AND FAMILY THERAPIST LAW & ETHICS EXAMINATION

The Workforce Education and Training (WET) Division announced a limited number of slots available at a discounted rate for the Mental Health Services Act (MHSA) WET-funded Licensure Preparation Program (LPP) to qualified public mental health staff (DMH-operated and DMH-contracted programs).

The following study package is available through the Association of Advanced Training in Behavioral Sciences (AATBS):

AATBS MFT LAW & ETHICS COMBO PACKAGE INCLUDES:

- Law & Ethics Comprehensive Study Volume
- Legal & Ethical Reference Cards
- TestMASTER Full length online practice exams with 4 months access time
- Law & Ethics Online Digital Lecture
- Expert Phone Consultation one on one assistance available with exam experts
- *Live 1-Day Workshop 7 hours of instruction covering exam content and strategies
- 12-hour online Law & Ethics course (if needed)

MHSA WET Participant Price: \$50 (Retail Value: \$525)

Visit <u>www.aatbs.com</u> for more details about the package.

MFT LAW & ETHICS WORKSHOP DATE AND LOCATION

Date: Saturday, January 23, 2016

Time: 9:00 am – 4:00 pm

Location: Sheraton Gateway LAX, 6101 W. Century Blvd., Los Angeles 90045

APPLICATION DEADLINE: Wednesday, January 20, 2016, or when slots are filled. Space is limited.

Attendance to the Live 1-Day Workshop is MANDATORY for all MHSA-WET Participants

ELIGIBILITY:

- Must be in good standing with current employer; no disciplinary action within the last year
- APPROVED BY THE LICENSING BOARD TO TAKE THE LICENSURE EXAMINATION
- · Currently providing a minimum of 65% of their time in direct clinical services in public mental health
- Has not previously participated in the MHSA WET-funded LPP for the MFT Standard Written Examination; this
 package is available one time per individual

PRIORITY WILL BE GIVEN TO CLINICIANS WHO MEET AT LEAST ONE OF THE FOLLOWING CRITERIA:

- If applicable, license-waivered status with employer to expire within 12 months
- Previous attempt(s) at passing the MFT Standard Written Examination

INSTRUCTIONS:

- Please scroll down for the application form, which must be completed and faxed to Jae Kim at (213) 252-8776
 along with documentation (i.e. a copy of board issued renewable registration). Applications will be
 accepted until Wednesday, January 20, 2016, or when capacity is reached.
- 2. An e-mail confirming receipt of application will be sent to all applicants.
- 3. Upon approval, participants will be given a phone number to register and pay the non-refundable fee of \$50 by VISA, MasterCard or American Express to <u>AATBS</u>.
- 4. AATBS will register participants for the requested workshop and mail the study package to the address provided on the application when payment is received.

CONTACT: Jae Kim, LCSW, E-mail: jkim@dmh.lacounty.gov



COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH PROGRAM SUPPORT BUREAU WORKFORCE EDUCATION AND TRAINING (WET) DIVISION

MARRIAGE AND FAMILY THERAPIST LAW & ETHICS EXAMINATION

TITLE: LPP MFT LAW & ETHICS Examination DATE(S): Saturday, January 23, 2016 FIRST NAME: LAST NAME: DISCIPLINE: DISCIPLINE: ETHICITY: (optional) AGENCY: PROGRAM: MAILING ADDRESS FOR STUDY PACKAGE: CITY: STATE: ZIP: PHONE #: E-MAIL: (required for information) LANGUAGE(S) FLUENCY: (other than English) Service area of employment: 1	Print or Type Only					
JOB TITLE: DISCIPLINE: ETHNICITY: (optional) AGENCY: PROGRAM: MAILING ADDRESS FOR STUDY PACKAGE: CITY: STATE: ZIP: PHONE #:	TITLE: LPP MFT LAW & ETHICS Examina	ation	DATE(S): Satu	rday, January	y 23, 2016	
AGENCY: PROGRAM:	FIRST NAME:		LAST NAME:			
MAILING ADDRESS FOR STUDY PACKAGE: CITY: STATE: ZIP:	JOB TITLE:					
CITY: STATE: ZIP:	AGENCY:		PROGRAM:			
LANGUAGE(S) FLUENCY: (other than English)	MAILING ADDRESS FOR STUDY PACKAGE:	:				
Cereptive for information	CITY:		STATE:		ZIP:	
Service area of employment: 1	PHONE #:					
Is your license-waivered agreement with your employer expiring within 12 months? Yes No						
Name of Applicant (Print) Name of Applicant (Print) Agrees to the following terms and conditions: Name of Applicant (Print) Name of Applicant (Print) Agrees to the following terms and conditions: Name of Applicant (Print) Name of Applican	Service area of employment: 1 \square	2 🗆 3	3 □ 4 □	5 🗆 6	□ 7□	8 🗆
Name of Applicant (Print)	Have you previously taken the MFT Standard	d Written Ex	camination?		Yes □	No □
Currently in good standing with his/her employer with no disciplinary action in the last 12 months; Has been approved by the board to take the MFT Law & Ethics Examination. Currently provides a minimum of 65% of his/her time in direct clinical services in the public mental health system; and Has not previously participated in the MHSA WET-funded LPP for the MFT Standard Written Exam Supervisor's Name Supervisor's Signature Date Supervisor's Phone Number Supervisor's E-mail Agrees to the following terms and conditions: Agrees to the following terms and conditions: Attend the mandatory workshop and participate in all offerings of the program. The mandatory workshop is to be taken on his/her own time. Provide the WET Division with exam results and employment/promotional status information. I have attached documentation indicating board approval to sit for the MFT Law & Ethics Exam.	Is your license-waivered agreement with you	ır employer	expiring within 12	2 months?	Yes □	No □
Supervisor's Phone Number Agrees to the following terms and conditions: Name of Applicant (Print) • Attend the mandatory workshop and participate in all offerings of the program. • The mandatory workshop is to be taken on his/her own time. • Provide the WET Division with exam results and employment/promotional status information. □ I have attached documentation indicating board approval to sit for the MFT Law & Ethics Exam.	Name of Applicant (Print)	I standing with yed by the boa es a minimum stem; and	n his/her employer wit ard to take the MFT La of 65% of his/her time	h no disciplinary aw & Ethics Exanter in direct clinical	action in the last 1 nination. services in the pu	ıblic
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Applicant's Signature Date	Name of Applicant (Print) Attend the mand The mandatory v Provide the WE	latory worksho workshop is to Γ Division with	op and participate in a be taken <u>on his/her o</u> exam results and em	all offerings of the own time. nployment/promo	tional status inforr	nation.
	Applicant's Signature				ate	

The WET Division will provide participants with the registration contact information upon approval. Participants must register and pay the non-refundable discounted fee of \$50 by VISA, MasterCard or American Express.

Return Application to: Jae Kim, WET Training Coordinator

Fax: (213) 252-8776 (No cover sheet necessary)

E-mail: jkim@dmh.lacounty.gov